

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/558948

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6						
7						
8						
9				1		
10					1	
11						1
12					1	
13						1
14						1
15			1			
16					①	
17				1		
18					1	
19					1	
20					1	
21					1	
22			1			
23					①	
24						1
25						1
26				1		
27					1	
28					1	
29					1	
30					1	
31						1
32						1
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34						1
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36						1
37						1
38					1	
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.		8	3	8		8
TOTAL DEP.		8	35	8		8
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		8		8		8
TOTAL DEP.		8		8		8
TOTAL CLAIMS			38			